



**CONSENT FOR RELEASE OF INFORMATION**  
**Office of Congresswoman Elizabeth H. Esty**

**Phone:** (860) 223-8412 / **Website:** [esty.house.gov](http://esty.house.gov)

**Please complete this form and return to:**  
1 Grove Street, Suite 600, New Britain, CT 06053  
**Fax:** (860) 225-7289

*The Privacy Act of 1974 requires written consent before information can be obtained from a government agency.*

<b>NAME:</b> _____ <b>ADDRESS:</b> _____ City/State/Zip: _____ <b>PHONE:</b> _____ Work/Cell: _____ <b>EMAIL:</b> _____ <input type="checkbox"/> Check here to sign up for Rep. Esty's e-newsletter	<b>Please provide the following for the concerned applicant:</b> <i>(This information should be person named on application)</i>  <b>SSN:</b> _____ - _____ - _____ <b>DATE OF BIRTH:</b> ____/____/____ <b>CASE/RECEIPT #:</b> _____ <i>(If applicable)</i>
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**Briefly describe issue:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What specific action are you seeking?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list other elected officials working on this issue: _____ _____	What is the current status of your case? <i>(If known)</i> _____  Do you have an attorney working on your case? <input type="checkbox"/> Yes <input type="checkbox"/> No
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I, \_\_\_\_\_, authorize Congresswoman Elizabeth Esty and her staff to work on my behalf with any federal agency relevant to the matter described above, to receive and review any information contained in my file, and to forward any pertinent correspondence sent by me regarding this matter. I understand that I may revoke this authorization at any time. I release them from any liability that may arise by furnishing the requested information.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(Signature of primary constituent receiving assistance - Third party signatures are not accepted)*

**Third-Party Authorization**

*(Complete only if you are designating the person named below to give or receive information about your situation.)*

**NAME:** \_\_\_\_\_ **RELATIONSHIP TO YOU:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_